

8 April 1975

MEMORANDUM FOR: Director of Personnel

ATTENTION :

STATINTL

SUBJECT : Medical Authorization Form for  
Pre-employment Processing

1. Director of Medical Services has requested that the attached "form" be made a part of the employment application package for those individuals who apply for employment with the Agency and are under eighteen years of age.

It is our understanding that there are approximately 25 applicants per year who are under the age of eighteen.

STATINTL

[REDACTED]  
Special Assistant to the  
Director of Medical Services

Enc. a/s

Dist:

- 0 & 1 addressee w/enc.
- 1 C/SSB w/enc.
- ✓ 1 DD/MS w/enc.
- 1 Reg Chrono w/enc.

2 April 1975

MEMORANDUM FOR: Deputy Director, Office of Medical Services

SUBJECT : Medical Evaluation of Applicants Under  
Eighteen Years of Age

1. As applicants under eighteen years of age are legally regarded as minors, it would seem appropriate to obtain a signed authorization from a parent or guardian for medical and psychiatric examination. For this purpose, an authorization form (copy attached) was prepared and, following discussion with the Deputy Director, Office of Medical Services, arrangements were made for Medical Staff to request applicants to submit the authorization form signed by a parent or guardian.

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2. Ongoing discussions regarding medical evaluation of applicants under eighteen years of age have been held with [REDACTED] Chief, Clerical Staffing Branch. When advised of our proposed procedure, she expressed reservations. Her concern centered about possible delays and/or complications in the applicant's processing if this additional information were requested. As the Office of Personnel makes every effort to keep contact with an applicant every thirty days, a phone call to Medical Staff would be necessary prior to writing the applicant so that there would be no confusion or working at cross purposes. She suggested that the form could be distributed by the recruiter, but inferred that this would probably require approval from the Director, Office of Personnel. It is estimated that approximately twenty-five applicants per year are under the age of eighteen at the time of applying to the Agency. It is the intention of Personnel to keep the number of such cases to a minimum. In general, Personnel does not plan to EOD the under eighteen applicants until after their eighteenth birthday. Security will not polygraph nor give Top Secret clearance to an applicant under eighteen years of age, although Security would approve for Secret clearance.

STATINTL

[REDACTED]  
Ph.D.  
Chief, Selection Support Branch

The following authorization is requested because

\_\_\_\_\_ will not be eighteen years  
old at the time of Agency medical processing.

I hereby authorize the Office of Medical Services to

examine and/or psychiatrically interview \_\_\_\_\_

\_\_\_\_\_ as part of his/her application for  
employment in the Central Intelligence Agency.

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(relationship)



UNCLASSIFIED



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CONFIDENTIAL



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Approved For Release 2001/03/02 : CIA-RDP78-04163R000100150002-3

## ROUTING AND RECORD SHEET

SUBJECT: (Optional)

Authorization for Medical Examination of Applicants Under 18 Years of Age

FROM:

EXTENSION

NO.

C/SSB

DATE

2 April 1975

TO: (Officer designation, room number, and building)

DATE

OFFICER'S INITIALS

COMMENTS (Number each comment to show from whom to whom. Draw a line across column after each comment.)

RECEIVED

FORWARDED

1.

2 APR  
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Approved For Release 2001/03/02 : CIA-RDP78-04163R000100150002-3



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USE ONLY

UNCLASSIFIED

UNCLASSIFIED		CONFIDENTIAL		SECRET	
OFFICIAL ROUTING SLIP					
TO	NAME AND ADDRESS		DATE	INITIALS	
1	DD/mS				
2					
3					
4					
5					
6					
ACTION		DIRECT REPLY		PREPARE REPLY	
APPROVAL		DISPATCH		RECOMMENDATION	
COMMENT		FILE		RETURN	
CONCURRENCE		INFORMATION		SIGNATURE	
Remarks:					
<div style="background-color: black; width: 150px; height: 50px; display: inline-block;"></div> <i>indicates OK</i> <i>forwarded back to OGC for</i> <i>opinion</i>					
FOLD HERE TO RETURN TO SENDER					
FROM: NAME, ADDRESS AND PHONE NO.				DATE	
SP/DMS				4/7/75	
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STATINTL